

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respo	

SEC U	SE ONLY
Prefix	Serial
DATE	RECEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	ioning / / S						
Torigian & Williamson, LLC Nonvoting Membership Interest and Debt Off Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE RECEIVED						
Type of Filing: New Filing Amendment							
A. BASIC IDENTIFICATION DATA	< JUL 2 3 2004 >>						
1. Enter the information requested about the issuer							
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	179/67						
Torigian & Williamson, LLC							
Address of Executive Offices (Number and Street, City, State, Zip Code) 108 Newport Lane, Ponte Vedra Beach, FL 32082	Telephone Number (including Area Code) (904) 607-3154						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Incl. (if different from Executive Offices)							
(If different from Exceditive Offices)	PROCESSED						
Brief Description of Business	HII O.F. 222.						
Board game development, manufacturing and distribution.	JUL 27 2004 E						
Type of Business Organization corporation limited partnership, already formed X other (p	THOMSON FINANCIAL						
business trust limited partnership, aneady formed X other ()	Limited Liability Company						
Month Year							
Actual or Estimated Date of Incorporation or Organization: 012 014 X Actual Estim							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	: De						
GENERAL INSTRUCTIONS							
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.						
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on						
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.						
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be						
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	rt the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need						
Filing Fee: There is no federal filing fee.							
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall						
ATTENTION							
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filling of a federal notice.							

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

By

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	X	Promoter	X	Beneficial Owner	X	Executive Officer	X	Director	X	General and/or Managing Partner
Full Name (Last name first, Guy K. Williamson	if indi	vidual)								
Business or Residence Addre 108 Newport Lane,					de)					A SAME AND
Check Box(es) that Apply:	X	Promoter	X	Beneficial Owner	X	Executive Officer	<u>~</u>	Director	X	General and/or Managing Partner
Full Name (Last name first, Michael A. Torigian		vidual)					-,			
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
110 Queen Street, St. (Catha	arines, On	itaric	, Canada L2R 5	5H3					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)								
Business or Residence Addre	s s (Number and	Street	, City, State, Zip Co	de)		,			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partnet
Full Name (Last name first, i	findi	vidual)								
Business or Residence Addre	ss (I	Number and	Street	, City, State, Zip Coo	ie)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	findiv	vidual)								
Business or Residence Addre	ss (1	Number and	Street	, City, State, Zip Coo	ie)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	findiv	ridual)		· · · · · · · · · · · · · · · · · · ·						
Business or Residence Addre	ss (1	Number and	Street	, City, State, Zip Coo	le)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)								
Business or Residence Addre	f) 22	Number and	Street	City, State, Zip Coo	le)					
		(Use blar	ık she	et, or copy and use a	dditio	onal copies of this sh	eet, a	s necessary		

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										
2. What is the minimum investment that will be accepted from any individual?										
3. Does the offering permit joint ownership of a single unit?										
3. Does the offering permit joint ownership of a single unit?										
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) No brokers or dealers will be utilized in conjunction with this offering. Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) No brokers or dealers will be utilized in conjunction with this offering. Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) No brokers or dealers will be utilized in conjunction with this offering. Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										
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Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)										
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IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)										
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)										
RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)										
Full Name (Last name first, if individual)										
Project on Project Address Olivekov and State City, State Tie Code;										
business of Residence Address Unumber and Street, City, State, Zip Code)										
Name of Associated Broker or Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers										
(Check "All States" or check individual States)										
AL AK AZ AR CA CO CT DE DC EL GA HI ID										
IL IN IA KS KY LA ME MD MA MI MN MS MO										
MT NE NV NH NJ NM NY NC ND OH OK OR PA										
RI SC SD TN TX UT VT VA WA WV WI WY PR										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Name of Associated Broker or Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										
(Check An States of Check Individual States)										

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price	е	Am	Sold
	Debt	295,714.2	0	\$	0
	Equity	4,285.8	0_	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	<u> </u>		S	0
	Partnership Interests	30		\$	0
	Other (Specify)	0		\$	0
	Total	300,000.0	00	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.		_		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number			Aggregate ollar Amount
		Investors		-	f Purchases
	Accredited Investors	9	_		165,000
	Non-accredited Investors			Ψ	135,000 300,000
	Total (for filings under Rule 504 only)	16		\$_	300,000
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
		Type of		Do	ollar Amount
	Type of Offering	Security 0			Sold
	Rule 505			\$	<u>0</u> 0
	Regulation A			\$	0
	Rule 504	00	_	\$	0
	Total			\$	
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	<u></u>
	Printing and Engraving Costs			\$	
	Lega! Fees		\mathbf{x}	\$ <u>8</u>	,000.00
	Accounting Fees			\$	
	Engineering Fees	•••••		\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify) Printing and mailing costs.		X	\$	500.00
	Total		$\overline{\Box}$	s 8	,500.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	3	\$291,500.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	Ī	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	
	Purchase of real estate	\$	\$
	Purchase, rental or leasing and installation of machinery and equipment	\$	s
	Construction or leasing of plant buildings and facilities	□ \$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	Repayment of indebtedness		
	Working capital		
	Other (specify):		
		\$	s
	Column Totals		▼ \$ 291,500.00
	Total Payments Listed (column totals added)	x s 2	91,500.00
	D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice tature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	
	per (Print or Type) origian & Williamson, LLC Signature All Months	Date July 21, 200	4
	ne of Signer (Print or Type) Title of Signer (Print or Type) President Title of Signer (Print or Type) President		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	per has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lfbythe	undersigned
	Print or Type) gian & Williamson, LLC Signature July 21, 2004	4	
Name (I	Print or Type) Title (Print or Type)		
Guy k	K. Williamson President		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX Ì 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Amount Investors Amount Yes No ALΑK AZAR CA Debt/Equity-0 X 1 \$10,000 0 X CO \$10,000 CT DE DC Debt/Equity-X X 4 \$105,000 0 0 FL \$105,000 GA HI ID IL IN lΑ KS KY LA ME MDMA MI MN MS

				APP	ENDIX				
1	Type of security Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price Type of investor and amount purchased in State (Part C-Item 1) (Part C-Item 2)					5 Disquali under Sta (if yes, explana waiver g (Part E-			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY		X	Debt/Equity- \$10,000	1	\$10,000	0	0		X
NC	X		Debt/Equity- \$60,000	0	0	2	\$60,000		X
ND			J oojou						
ОН									
ок									
OR					_				
PA				_					
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI								-	

1	2 3			APP	5 Disqualification				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									